

2016 BENEFITS SUMMARY



VISIONARY SCIENCE, GAME CHANGING INNOVATION. UNMATCHED SCIENTIFIC FACILITIES, PROGRAMS AND TALENT. A VIBRANT, DIVERSE AND INCLUSIVE COMMUNITY.

The 2016 Benefits Summary is for regular employees working 20 or more hours per week. It provides a brief description of the benefits offered by Argonne National Laboratory.

Beyond benefits, Argonne also provides numerous amenities that encourage a positive work-life balance. Some of these amenities include a 24-hour fitness center, yoga and Pilates classes, on-site bike share transportation, multiple cafes and coffee shops, and a child care/development center for employee's children. The lab also supports a variety of activities and clubs like the Garden Club, Running Club, Softball Leagues, African American Black Club, Hispanic Latino Club and the Women in Science and Technology organization, among others. To further provide for a successful work-life

balance, Argonne maintains policies that enable telecommuting and alternate work schedules options to fit individuals' needs.

In addition, Argonne has a Health and Employee Wellness Program that is available to our employees. Offerings include onsite physical therapy (PT), voluntary physical exams, disease management, an employee assistance program (EAP), and a variety of other programs.

Argonne is committed to further developing talent within its workforce through Mentoring and Leadership Development programs. Mentoring is available to Argonne employees at all career levels and Leadership Development courses are available to all employees, including current and future leaders, who seek professional development opportunities.

Argonne's diverse and inclusive culture welcomes contributions from everyone and empowers all employees to do their best work in order to meet our collective goals in scientific excellence.

If you have any questions regarding information contained in this brochure, please contact Human Resources Employee Benefits at (630) 252-2986.

BENEFITS ELIGIBILITY QUICK SUMMARY

Effective January 1, 2016



ARGONNE BENEFITS GUIDE

Employees can cover legal dependents under the healthcare plans: spouse (regardless of sexual orientation), civil union partner, child(ren) under the age of 26 or under the age of 30 (military dependents), stepchild(ren), adopted child(ren), child(ren) for whom legal guardianship was obtained, disabled child(ren) over the age of 26. A child does not include a grandchild or foster child unless the child has been legally adopted or is under employee’s legal guardianship. Employees covering legal dependents will need to submit supporting documentation such as marriage, birth or adoption certificates, court order, etc., at the time of enrollment.

MEDICAL INSURANCE PLANS

Chicago area employees have the choice of two medical plans: BCBSIL PPO or BlueAdvantage HMO. All other employees are covered under the BCBSIL PPO. All medical plans are effective the first day of hire if a medical plan is elected by the employee within 30 days of employment. There are no pre-existing condition clauses under Argonne’s medical plans.

A brief summary of the plans follows.

BCBSIL PPO

This plan has a deductible of \$300/single or \$600/family. If the provider is in-network, after the deductible has been met the plan will pay 85% of the eligible charge with a co-pay of 15%. If the provider is out-of-network, after the deductible, the plan will pay 70% of the eligible charge with a co-pay of 30%. Preventive services using an in-network provider are covered at 100% of the eligible charge. Specific specialty care received in a Blue Distinction Center is paid at 90% and at a Blue Distinction Center Plus (+) at 95%.

There is an out-of-pocket limit each calendar year for in-network expenses of \$2,650/single, \$5,300/ single +1, and \$7,650/family. Once the limit is reached, in-network expenses are then paid at 100% of the contracted rate for the remainder of the calendar year. The out-of-pocket limit for out-of-network expenses is \$2,900/single, \$5,800/ single +1, and \$8,400/family. The deductible is included in the out-of-pocket limit.

The BCBSIL PPO plan covers physician visits, diagnostic tests, hospital charges, hospice care, surgery, home healthcare and skilled nursing facility care. Chiropractic care is limited to 40 visits, home health care is limited to 40 days in a calendar year, and skilled nursing facility care is limited to 60 days in a calendar year.

PRESCRIPTION DRUG PLAN
The BCBSIL PPO has a carve-out prescription drug plan through Optum RX.

There is no deductible for prescription drugs. Co-pays are as follows:

Annual out-of-pocket maximum for all prescription drugs, including retail, mail order and specialty is \$2,100/single and \$4,200/family

When a generic drug is available, participant must use generic or pay cost difference along with brand co pay for both retail and mail order.

BCBSIL PPO	30 Day	Retail 90 Day	Retail Mail Order
Generic	20%	20%, max. \$75	20%, max. \$65
Preferred Brand	25%	25%, max. \$90	25%, max. \$80
Non-Preferred Brand	40%	40%, max. \$130	40%, max. \$115
Specialty Drugs	20%	N/A	N/A

BLUE ADVANTAGE HMO

HMOs are best known for their preventive care benefits. These plans will cover most health care services such as physician visits, surgical costs, x-rays, hospital charges, diagnostic tests and well-care exams. A primary care physician (PCP) must be chosen and the PCP will coordinate all care. If the PCP provides a referral to a specialist or for diagnostic tests and hospital charges, these services are covered. If a member receives services not authorized by the PCP, those services are not covered.

Preventive care services are paid at 100%. Primary care physician visits have a \$25 co-pay and referred specialist visits have a \$35 co-pay. There is a \$150 co-pay for emergency care. The \$150 co-pay will be waived if admitted to the hospital.

An in-patient hospital admission has a \$150/day co-pay for the first 5 days to a maximum of \$750. Outpatient surgery

has a \$100 co-pay. Rehabilitation therapy, mental health and substance abuse outpatient visits have a \$25 co-pay per visit.

BlueAdvantage HMO has a vision care plan through Davis Vision that covers an annual eye exam at 100% and has \$75 allowance every 24 months for vision care supplies. For a list of providers, contact Davis Vision toll free at (877) 393-8844.

PRESCRIPTION DRUG PLAN

BlueAdvantage HMO has a prescription drug plan. Coverage includes:

When a generic drug is available, participants must use generic or pay the cost difference along with brand co-pay whether using retail or mail order.

Blue Advantage HMO	30 Day Supply	90 Day Supply
Generic	\$10 co-pay	\$25 co-pay
Preferred Brand	\$25 co-pay	\$55 co-pay
Non-Preferred Brand	\$40 co-pay	\$85 co-pay
Specialty Drugs	\$100 co-pay	N/A

DELTA DENTAL PLAN

Regular Employees have the option to enroll in the Delta Dental PPO dental plan.

PREVENTIVE CARE

There is no deductible for preventive care and expenses are paid at 100% of plan allowed amount or 100% of the contractual rate. These expenses are for each calendar year and include:

- 2 Exams
- 2 Cleanings
- 1 Fluoride treatment
- X-rays (one complete set per person in any 3 calendar years)
- Bitewing X-rays (2 charges per person each calendar year)

- Panoramic X-ray (one per person in any 3 calendar years)
- Topical sealant on a posterior tooth for person less than 14 years old (1 treatment per tooth in any 3 years)

DENTAL WORK

There is a \$100 annual deductible per person with a \$300 maximum per family, after which the plan pays 75% of the plan allowed amount if the provider is out-of-network or 75% of the contracted rate if the provider is in network. The maximum reimbursable amount is \$2,000 in a calendar year and preventative services are included in the \$2,000 maximum. Lifetime orthodontia benefit per person is \$2,000 for children and adults.

VISION PLAN

EYEMED VISION PLAN

The voluntary vision plan is administered by EyeMed. Regular and long-term employees working more than 20 hours per week are eligible to enroll. The plan is a voluntary plan and employees pay the entire premium. The premium is a pre-tax payroll deduction. ID cards will be provided if the plan is elected.

EyeMed Vision offers the following benefits: eye exam at an in-network provider is \$10 co-pay, frames \$130 allowance and 20% off balance over \$130. Single vision, bifocal and trifocal lenses are \$20 copay. Standard progressive lenses have \$65 copay, premium progressive lenses' cost vary based on the exact lens type from \$85 to \$110 copay. EyeMed plan also covers various lens option types at either no copay or up to \$68 copay depending on the type of lens treatment. At an in-network provider, members also receive 40% off additional eyewear purchases and 20% off non-prescription sunglasses and accessories. EyeMed also offers discounts on LASIK laser vision correction.

Note: The vision benefits provided through the EyeMed plan cannot be combined with the vision benefits provided through the Davis Vision plans. This vision benefit does not replace the Davis Vision benefits embedded in the PPO and HMO plans.

DAVIS VISION

Argonne's BCBSIL PPO plan provides an embedded Davis Vision discount program that offers some discounts on vision care supplies at participating providers.

The Blue Advantage HMO also has a vision plan embedded into the plan. The plan covers the following only:

- One eye examination every 12 months for employees and their dependents (all ages) paid in full if using a participating provider.
- One contact lens evaluation and fitting when performed on the same day as your eye examination
- Receive \$75 allowance plus discounts on eyewear every 24 months at contracted providers.

HEALTH CARE PLANS

Employee Monthly Contribution Rates

Effective January 1, 2016

Plan	Single	Single+1	Family
BCBSIL PPO	\$153	\$297	\$550
Blue Advantage HMO	\$112	\$233	\$314
Delta Dental PPO	\$10	\$20	\$33
EyeMed Vision	\$6.27	\$11.93	\$17.51

LIFE INSURANCE PLANS

All life insurance plans are provided by CIGNA.

BUSINESS TRAVEL ACCIDENT INSURANCE

This benefit covers employees while traveling on business in the event of death or physical dismemberment resulting from an accident. The maximum benefit is \$300,000. Coverage does not include commuting between the covered employee’s home and place of work or when an employee partakes in an activity that is not reasonably related to Argonne business and not incidental to the business trip.

BASIC LIFE AND ACCIDENT INSURANCE

Argonne provides life insurance at no cost to the employee. The amount is one times your annual base salary for life and one times your annual base salary for accidental death and dismemberment or maximum \$300,000 each, payable to your selected beneficiary upon death. Upon an accidental injury that results in a disability, half or full benefit would be paid.

VOLUNTARY LIFE INSURANCE

Voluntary Life Insurance can be elected separately from Voluntary Accidental Death & Dismemberment coverage. Employees can elect coverage from one to five times their annual salary up to \$1,000,000. Evidence of Insurability is required for Voluntary Life Insurance enrollment outside the initial 30 days of employment (or initial eligibility for coverage) and always for two times or more the coverage level. Changes to Voluntary Life Insurance coverage can be made at any time.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Accidental Death & Dismemberment (AD&D) Insurance can be elected separately from Voluntary Life Insurance. AD&D coverage allows employees to elect coverage from one to five times their annual salary, up to \$1,000,000. Evidence of Insurability is not required. Changes to AD&D coverage can be made at any time.

LIFE INSURANCE FOR SPOUSE/CIVIL UNION/ DOMESTIC PARTNER

Life Insurance for Spouse/Civil Union/Domestic Partner can be elected separately from Child(ren) Life Insurance. The coverage amount is \$7,000. Evidence of Insurability is required for dependent Spouse/Civil Union/Domestic Partner life insurance enrollment outside the initial 30 days of being newly eligible. The cost is \$1.40 per month.

DEPENDENT LIFE INSURANCE

The amount of coverage for dependent children (birth – 6 months) is \$500. The maximum age of a qualified child is 26. Children age 21 and over do not need to be full-time students. The coverage amount for children age 6 months and up is the same at \$3,000. The cost is \$0.60 per month.

SUPPLEMENTAL LIFE INSURANCE RATES FOR 2015

(Monthly Cost per \$1,000)

Age	1 Times Salary (Includes AD&D)	2-5 Times Salary (Does not include AD&D)
Under	0.04	0.02
30-34	0.059	0.039
35-39	0.065	0.045
40-44	0.085	0.065
45-49	0.125	0.105
50-54	0.196	0.176
55-59	0.277	0.257
60-64	0.403	0.383
65-69	0.583	0.563
70-74	1.172	1.152
75-79	1.802	1.782



FLEXIBLE SPENDING ACCOUNTS

To ease the burden of health care and dependent day care expenses, Argonne offers voluntary Flexible Spending Account (FSA) plans. These plans allow you to set aside pre-tax dollars to pay for unreimbursed health care and dependent day care expenses, thus reducing federal, state and FICA taxes. Because these contributions are untaxed at deposit and untaxed at withdrawal, you decrease your taxable income while increasing your spendable cash. The maximum annual contribution is \$2,550 for health care and \$5,000 for dependent day care. The amount you elect will be deducted in equal amounts each payroll period during the year and credited to your account. Since the Flexible Spending Account is governed by federal regulations,

the amount designated for these accounts can only be changed if you have a change in status. Examples of these changes would be marriage, divorce, new dependent, death or loss of employment. The amount changed would have to be consistent with the status change. Employees choosing to continue participation in the Flexible Spending Account MUST RE-ENROLL EACH YEAR. The opportunity to re-enroll is provided during open enrollment, usually held in November. Up to \$500 of unused dollars may be rolled into the following calendar year. Pre-taxed dollars over the \$500 are forfeited by May 31 of the following calendar year if not claimed.

RETIREMENT PLAN

Argonne provides a tax-deferred defined contribution retirement plan. The laboratory contributes 9% of your base monthly salary to the plan while you are required to contribute 2.5%. You may also contribute additional pre-tax amounts on a supplemental basis. The retirement benefits to which you will be entitled when you retire will be dependent on the cash accumulation of your retirement account (including laboratory contributions, your contributions and the earnings on these contributions).

Argonne allows you to choose among various fund options for the deposit of your retirement contributions. Educational information, personal financial counseling and online fund information are available from Fidelity to help you make your selection.

As a condition of employment, you must contribute to the retirement plan after six months of service. Employees are eligible to receive Argonne's contributions when they terminate employment with the laboratory, since contributions are vested immediately. Periods of employment with the University of Chicago may be recognized as service time toward eligibility in Argonne's retirement plan. If you have been previously employed by the University of Chicago, please contact Employee Benefits.

HEALTH AND EMPLOYEE WELLNESS (HEW) BENEFITS

A variety of programs are available to assist employees in maintaining or achieving their personal health goals. Programs include, but are not limited to, the following:



OTHER BENEFITS

DISABILITY PLANS

Sick leave

New hires will be given 18 days sick leave upon employment. Each January, employees will be given an additional 18 days. The accrual maximum is 130 days (6 months). Accruals for part-time employees are prorated.

Long Term Disability

Should you become disabled due to sickness or injury for a period of more than six months, the Long Term Disability (LTD) plan provides continuing income benefits. The monthly benefit equals 60% of base pay, reduced by certain other benefits such as Social Security. The maximum monthly benefit is \$15,000. In addition, contributions will continue to be made to the Retirement plan on your behalf.

You become a participant in the LTD plan after one year of service. Argonne provides this benefit at no cost to you.

ADOPTION ASSISTANCE PROGRAM

Argonne will reimburse qualifying adoption expenses up to a maximum of \$5,000 per eligible adopted child. Reimbursement is available after the adoption is final. Qualifying expenses are reasonable and necessary adoption fees, court costs, attorney fees and other expenses directly related to, and whose principle purpose is for the legal adoption of an eligible child.

VACATION

Employees accrue vacation time in direct proportion of scheduled hours to full time hours. Employees accrue:

- Years 1 through 5 – 15 days or 120 hours
- Years 6 through 10 – 18 days or 144 hours
- Years 11 through 15 – 21 days or 168 hours
- Years 16 and above – 24 days or 192 hours

The maximum vacation accrual is 30 days or 240 hours.

HOLIDAYS

Argonne observes the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Day before Christmas
- Christmas Day
- Day before New Year's Day
- Floating holiday (to be used at employee's discretion)

LEAVES OF ABSENCE

□ Argonne offers various leaves of absence to allow its employees to take care of personal business. These leaves include:

- Bereavement Leave
- Military Leave
- Family Leave
- Domestic Violence Leave
- Personal Unpaid Leave
- Sabbatical Leave
- Entrepreneurial Leave
- Parental Leave

Argonne recognizes the importance of striking a balance between work and family, especially when meeting the needs of a newborn. In 2015 Laboratory added Parental Leave to the existing list of policies. It allows for up to six weeks of paid leave to be provided for the child's primary caregiver and up to one week of paid leave is provided for the child's secondary caregiver. In addition to six weeks of paid leave for the primary caregiver, employees can also use existing lab policies to help cover leave time: accrued paid sick leave with physician certification, accrued paid vacation, paid family-friendly sick leave (up to 10 days of accrued sick time for care of a family member) and unpaid leave of absence.

The 2016 Benefits Summary brochure is for illustration and general information purposes only. It is not intended to create any contractual obligation on the part of the laboratory and the benefits described herein may be changed, revised or eliminated at any time. Please refer to the appropriate Summary Plan Description, Plan Document or Human Resources Policy and Procedure Manual for most accurate information.





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